CERTIFICATION 2

CARRIER CERTIFICATIONS Carrier Eligibility for CAF ICC Recovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MILES COOP TEL ASSN Digitally signed by Debra Chrest DN:cn=Debra **Debra Chrest** Chrest,email=milestele@netins.net,O=miles coop tel assn,I=Miles IA 52064-0280, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: **Debra Chrest** Title or position of Authorized Officer or employee: Secretary/Treasurer Telephone number of Authorized Officer or employee: 563-682-7111 Filing Due Date for this form Study Area Code of Reporting Carrier 351242 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MINBURN TEL CO Digitally signed by Debra Lucht DN:cn=Debra **Debra Lucht** Lucht,email=debl@minburncomm.com,O=minburn tel co,I=Minburn IA 50167, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Debra Lucht Title or position of Authorized Officer or employee: General Manager/Assistant Secretary Telephone number of Authorized Officer or employee: 515-677-2264 Filing Due Date for this form Study Area Code of Reporting Carrier 351245 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

	Printed name of authorized officer General M Title or position of authorized officer (641) 48	Name of Reporting Carrier Minerva V	i certify that I am an officer of the re complied with Eligible Recovery §51 to §51,917(f).	Certificatio
351246 Filing Due Date for this form 10/4/2012	anager 17-7399	Minerva Valley Telephone Co., Inc.	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
		09/25/2012	orm certifies that it has support requested pursuant	zovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MODERN COOP TEL CO Digitally signed by Jeffrey Brower DN:cn=Jeffrey **Jeffrey Brower** Brower,email=jbrower@netins.net,O=modern coop tel co,I=South English IA 52335, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Jeffrey Brower Title or position of Authorized Officer or employee: General Manager/COO Telephone number of Authorized Officer or employee: 319-667-2375 Filing Due Date for this form Study Area Code of Reporting Carrier 351247 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MUTUAL TEL CO Digitally signed by Randy Foor DN:cn=Randy **Randy Foor** Foor,email=rdf@mutel.com,O=mutual tel co,l=Morning Sun IA 52640, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Randy Foor Title or position of Authorized Officer or employee: **Executive Vice President** Telephone number of Authorized Officer or employee: 319-868-7636 Filing Due Date for this form Study Area Code of Reporting Carrier 351250 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Persons willfully making false sta 503(Study Area Code of Reporting Carrier	Telephone number of authorized officer: (319) 394-3456	Title or position of authorized officer (Printed name of authorized officer W	Signature of authorized officer () M. M. M. C. Ter.	Name of Reporting Carrier MEDA	Certificat I certify that I am an officer of the compiled with Eligible Recovery 6 to \$51.917(f).	
ements on this form), or fine or impriso	351251	319) 394-345	ENERAL MA	WILLIAM'R MALCOM	1 Malon	OLIS TELEP	on of Officer fo reporting carrier an il.917(d) and Access	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1834, 47 U.S.C. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Filing Due Date for this form (mm/dd/yyyy)	9	GENERAL MANAGER & CEO	COM		MEDIAPOLIS TELEPHONE COMPANY	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	
e Communications , 18 U.S.C. § 1001.	10/4/2012		-		Date		r CAF/ICC Reco	
Act of 1934, 47 U.B.C. §§ 502,					9/25/2012		OVery m certifies that it has pport requested pursuant	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MUTUAL TEL CO Digitally signed by Doug Boone DN:cn=Doug **Doug Boone** Boone,email=dboone@mypremieronline.com,O=mutual tel co,I=Sioux Center IA 51250, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Doug Boone Title or position of Authorized Officer or employee: Chief Executive Officer Telephone number of Authorized Officer or employee: 712-722-3451 Filing Due Date for this form Study Area Code of Reporting Carrier 351252 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NORTH ENGLISH COOP Digitally signed by Reed Ostenberg DN:cn=Reed **Reed Ostenberg** Ostenberg,email=nenglish@netins.net,O=north english coop,I=North English IA 52316, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Reed Ostenberg Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 319-664-3821 Filing Due Date for this form Study Area Code of Reporting Carrier 351257 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NORTHERN IOWA TEL CO Digitally signed by Doug Boone DN:cn=Doug **Doug Boone** Boone,email=dboone@mypremieronline.com,O=northern iowa tel co,I=Sioux Center IA 51250, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Doug Boone Title or position of Authorized Officer or employee: Chief Executive Officer Telephone number of Authorized Officer or employee: 712-722-3451 Filing Due Date for this form Study Area Code of Reporting Carrier 351259 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	e Communications / , 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ements on this form can be), or fine or imprisonment u	Persons willfully making false state 503(b
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	351260	Study Area Code of Reporting Carrier
			712) 271-4000	Telephone number of authorized officer: (712) 271-4000
				Title or position of authorized officer CFO
			Bergmann	Printed name of authorized officer Paul Bergmann
9/26/12	Date		(Acc)	Signature of authorized officer
			lowa Telephone	Name of Reporting Carrier Northwest Iowa Telephone
port requested pursuant	eive the CAF ICC sup	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	1.917(d) and Access Recover	complied with Eligible Recovery §5 to §51.917(f).
certifies that it has	g carrier on this form	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	eporting carrier and that, to	I certify that I am an officer of the r
/ery	CAF/ICC Recov	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate-	Certification

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NORTHWEST TEL COOP Digitally signed by Donald Miller DN:cn=Donald **Donald Miller** Miller,email=miller@ncn.net,O=northwest tel coop,I=Havelock IA 50546, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: **Donald Miller** Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 712-776-2222 Filing Due Date for this form Study Area Code of Reporting Carrier 351261 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **COMM 1 NETWORK** Digitally signed by Randy Yeakel DN:cn=Randy Randy Yeakel Yeakel,email=ryeakel@comm1net.net,O=comm 1 network,I=Kanawha IA 50447, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Randy Yeakel Title or position of Authorized Officer or employee: General Manager/ Director Telephone number of Authorized Officer or employee: 641-762-3772 Filing Due Date for this form Study Area Code of Reporting Carrier 351262 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: OGDEN TEL CO - IA Digitally signed by John Ellis DN:cn=John John Ellis Ellis,email=ogdentel@netins.net,O=ogden tel co ia,I=Oqden IA 50212, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: John Ellis Title or position of Authorized Officer or employee: Manager Telephone number of Authorized Officer or employee: 515-275-2050 Filing Due Date for this form Study Area Code of Reporting Carrier 351263 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: OLIN TEL CO, INC Digitally signed by Rodney Cozart DN:cn=Rodney **Rodney Cozart** Cozart,email=olintel@netins.net,O=olin tel co, inc,I=Olin IA 52320-0130, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Rodney Cozart Title or position of Authorized Officer or employee: Manager Telephone number of Authorized Officer or employee: 319-484-2200 Filing Due Date for this form Study Area Code of Reporting Carrier 351264 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ONSLOW COOP TEL ASSN Digitally signed by Russ Benke DN:cn=Russ Russ Benke Benke,email=onslow@netins.net,O=onslow coop tel assn,I=Onslow IA 52321, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Russ Benke Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 563-485-2833 Filing Due Date for this form Study Area Code of Reporting Carrier 351265 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ORAN MUTUAL TEL CO Digitally signed by Barb Gruetzmacher DN:cn=Barb **Barb Gruetzmacher** Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co,I=Oran IA 50664-0007, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Barb Gruetzmacher Title or position of Authorized Officer or employee: Secretary-Treasurer Telephone number of Authorized Officer or employee: 319-638-6006 Filing Due Date for this form Study Area Code of Reporting Carrier 351266 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	e Communications , 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	tements on this form can bub), or fine or imprisonment	Persons willfully making false sta 503(
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	351269	Study Area Code of Reporting Carrier
			38 851 -24 21	Telephone number of authorized officer:
			neral Manager	Title or position of authorized officer General Manager
		0	/ J Underberg	Printed name of authorized officer Kirby J Underberg
09/27/2012	Date	ly	at Ocholin	Signature of authorized officer
		Association	perative Telephone	Name of Reporting Carrier Palo Cooperative Telephone Association
m certifies that it has pport requested pursuant	ng carrier on this for ceive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	reporting carrier and that, 1 51.917(d) and Access Recov	I certify that I am an officer of the complied with Eligible Recovery § to §51.917(f).
overy	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	ion of Officer for Rate	Certificat

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PALMER MUTUAL TEL CO Digitally signed by Andy Peterson DN:cn=Andy **Andy Peterson** Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,I=Palmer IA 50571, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Andy Peterson Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 712-359-2411 Filing Due Date for this form Study Area Code of Reporting Carrier 351270 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 502, 503, 503, 503, 503, 503, 503, 503, 503	Study Area Code of Reporting Carrier 351271 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer: (641) 755-2484	Title or position of authorized officer President	Printed name of suthorized officer. Ron Reynolds	Date	Name of Reporting Carrier Panora Communications Cooperative	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery 551.917(d) and Access Recovery Charge 551.917(e) and is eligible to receive the CAF ICC support requested pursuant to 551.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
Act of 1934, 47 U.S.C. §§ 502,				Longin (critico)	9-25-12		m certifies that it has pport requested pursuant	overy

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PEOPLES TEL CO - IA Digitally signed by Curt Kawlewski DN:cn=Curt **Curt Kawlewski** Kawlewski,email=curtkawlewski@nu-telecom.net,O=people s tel co - ia,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Curt Kawlewski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 507-233-4172 Filing Due Date for this form Study Area Code of Reporting Carrier 351273 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Signature of authorized office July And	es		Date	09/27/2012
Printed name of authorized officer Jeff				
		ulatory Operations		
Telephone number of authorized officer:	(318)-388-9648			
Study Area Code of Reporting Carrier	351274	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

POSTVILLE

REDACTED-FOR PUBLIC INSPECTION

Act of 1934, 47 U.S.C. §§ 602,	e Communications / , 18 U.S.C. § 1001.	a statements on this form can be punished by fine or forfeiture under the Communications 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forisiture under the Communications Act of 1934, 47 U.S.C. §§ 802, 602, 18 U.S.C. §§ 1001.
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	Sludy Area Code of Reporting Carrier 35-1275
			Telephone number of authorized officer: (319) 437-3611
			Tite or position of authorized officer President
			Printed name of authorized officer Leon Soukup
9/25/2012	Date		Signature of authorized officer Hun Son 3
		pany, Inc	Name of Reporting Carrier Prairie burg Telephone Company, Inc
i certifies that it has port requested pursuant	g carrier on this form pelve the CAF ICC sup	t, to the best of my knowledge, the reportir overy Charge §\$1.917(e) and is eligible to res	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §\$1.917(e) and is eligible to receive the CAF ICC support requested pursuant to §\$1.917(f).
г егу	CAF/ICC Recov	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for Ra

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PRESTON TEL CO Digitally signed by Roger Kilburg DN:cn=Roger Roger Kilburg Kilburg,email=rogerak@prestontel.com,O=preston tel co,I=Preston IA 52069-0167, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Roger Kilburg Title or position of Authorized Officer or employee: Manager/Secretary-Treasurer Telephone number of Authorized Officer or employee: 563-689-3811 Filing Due Date for this form Study Area Code of Reporting Carrier 351276 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: RADCLIFFE TEL CO Digitally signed by Edwin Drake DN:cn=Edwin **Edwin Drake** Drake,email=edrake@netins.net,O=radcliffe tel co,I=Radcliffe IA 50230-0140, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Edwin Drake** Title or position of Authorized Officer or employee: Manager Telephone number of Authorized Officer or employee: 515-899-2341 Filing Due Date for this form Study Area Code of Reporting Carrier 351277 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Act of 1934, 47 U.S.C. §§ 502,	e Communications / , 18 U.S.C. § 1001.	a statements on this form can be punished by fine or forfeiture under the Communications 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persona willfully making false statements on this form can be pupished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, \$502, \$603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	Study Area Code of Reporting Carrier 351280
			Telephane number of authorized officer. (712) 866-8000.
		}	Title or position of authorized officer Board President
			Printed name of authorized officer Danial Neisen
9/26/12	Date		Signature of authorized officer
		oany	Name of Reporting Carrier Ringsted Telephone Company
n certifies that it has port requested pursuant	g carrier on this forn salve the CAF ICC sup	at, to the best of my knowledge, the reportin covery Charge §51.917(e) and is eligible to rec	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
very	· CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for R

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **ROCKWELL COOP ASSN** Digitally signed by David Severin DN:cn=David **David Severin** Severin,email=rockwell@netins.net,O=rockwell coop assn,I=Rockwell IA 50469, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **David Severin** Title or position of Authorized Officer or employee: General Mgr/Assist Secretary-Treasurer Telephone number of Authorized Officer or employee: 641-822-3212 Filing Due Date for this form Study Area Code of Reporting Carrier 351282 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **ROYAL TEL CO** Digitally signed by Dennis Galloway DN:cn=Dennis **Dennis Galloway** Galloway,email=denny@hsbroyal.com,O=royal tel co,I=Royal IA 51357, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dennis Galloway** Title or position of Authorized Officer or employee: Secretary Telephone number of Authorized Officer or employee: 712-933-2652 Filing Due Date for this form Study Area Code of Reporting Carrier 351283 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery Leartify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.937(d) and Access Recovery Charge \$51.937(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.937(f). Resporting Carrier River Valley Telecommunications Coop The of authorized officer Pamela Studer position of authorized officer Secretary The number of authorized officer (712) 859-3300 Filing Due Date for this form 10/4/2012	Shudy Area Code of Reporting Carrier 35/284 Filing Due Date for this form (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 86 502	Title or position of authorized officer Secretary Telephone number of authorized officer. (712) 859-3300	Printed name of authorized officer Pamela Studer	Signature of authorized officer Kn Kulla	Name of Reporting Carrier, River Valley Telecommunications Coop	I certify that I am an officer of the reporting carrier and th compiled with Eligible Recovery \$51.917(d) and Access Re to \$51.917(f).	Certification of Officer for R
or CAF/ICC Recting carrier on the for socies the CAF ICC su	Filing Due Date for this form (mmydd/yyyy) n be punished by fine or forfelture under			thous	cations Coop	at, to the best of my knowledge, the repor covery Change §51.517(e) and is eligible to	ate-of-Return Carrier Eligibility f
	10/4/2012			Date		ing carrier on this for sosive the CAF ICC su	or CAF/ICC Reco

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SAC COUNTY MUTUAL Digitally signed by Ronald Sorensen DN:cn=Ronald **Ronald Sorensen** Sorensen,email=scmtc_manager@netins.net,O=sac county mutual,I=Odebolt IA 51458, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Ronald Sorensen Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 712-668-2200 Filing Due Date for this form Study Area Code of Reporting Carrier 351285 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SCHALLER TEL CO Digitally signed by Missy Kestel DN:cn=Missy **Missy Kestel** Kestel,email=allison@schallertel.net,O=schaller tel co,I=Schaller IA 51053, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Missy Kestel Title or position of Authorized Officer or employee: Accounting General Manager Telephone number of Authorized Officer or employee: 712-275-4211 Filing Due Date for this form Study Area Code of Reporting Carrier 351291 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Name of Reporting Carrier Searsboro Telephone Co Signature of authorized officer Printed name of authorized officer Gary Neill Title or position of authorized officer General Manager Telephone number of authorized officer. (402) 477-1354. Study Area Code of Reporting Carrier Study Area Code of Reporting Carrier Persons willfully making talse statements on this form of the composition of the composition of the composition.	Certification of Officertify that I am an officer of the reporting complied with Eligible Recovery §51.917(d) at to §51.917(f).
ed Reporting Carrier Searsboro Telephone Co ature of authorized officer Gary Nefil or position of authorized officer. (402) 477-1354 Area Code of Reporting Carrier 351292 Persons willfully making talse statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §5 502, 503(b), or fine or imprisonment under Tate 18 of the United States Code, 18 U.S.C. § 1001.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAFICC support requested pursuant to §51.917(f).

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SHARON TEL CO Digitally signed by Michael Yoder DN:cn=Michael **Michael Yoder** Yoder,email=myoder@netins.net,O=sharon tel co,I=Hills IA 52235-0280, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Michael Yoder Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 319-679-2211 Filing Due Date for this form Study Area Code of Reporting Carrier 351293 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SHELL ROCK COMM Digitally signed by Richard McBurney DN:cn=Richard **Richard McBurney** McBurney,email=rich@butler-bremer.biz,O=shell rock comm,I=Plainfield IA 50666-0099, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Richard McBurney Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 319-276-4458 Filing Due Date for this form Study Area Code of Reporting Carrier 351295 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HEART OF IOWA COMM. Digitally signed by Bryan Amundson DN:cn=Bryan **Bryan Amundson** Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm., I=Union IA 50258-0130, Date: 9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Bryan Amundson Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 641-486-2211 Filing Due Date for this form Study Area Code of Reporting Carrier 351297 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SOUTH SLOPE COOP TEL Digitally signed by Justyn Miller DN:cn=Justyn **Justyn Miller** Miller,email=justyn@southslope.com,O=south slope coop tel,I=North Liberty IA 52317, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Justyn Miller Title or position of Authorized Officer or employee: Chief Executive Officer Telephone number of Authorized Officer or employee: 319-626-2211 Filing Due Date for this form Study Area Code of Reporting Carrier 351298 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SOUTHWEST TEL EXCH Digitally signed by Mike Weis DN:cn=Mike **Mike Weis** Weis,email=mikew@interstatecom.com,O=southwest tel exch,I=Truro IA 50257-0229, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Mike Weis Title or position of Authorized Officer or employee: Vice President Telephone number of Authorized Officer or employee: 641-765-4201 Filing Due Date for this form Study Area Code of Reporting Carrier 351301 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SPRINGVILLE COOP TEL Digitally signed by Jean Johnston DN:cn=Jean **Jean Johnston** Johnston,email=springvl@netins.net,O=springville coop tel,I=Springville IA 52336-0009, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Jean Johnston Title or position of Authorized Officer or employee: Office Manager Telephone number of Authorized Officer or employee: 319-854-6107 Filing Due Date for this form Study Area Code of Reporting Carrier 351302 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **COOP TEL EXCHANGE** Digitally signed by Marvin Ness DN:cn=Marvin **Marvin Ness** Ness,email=cooptelx@netins.net,O=coop tel exchange,I=Stanhope IA 50246, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Marvin Ness Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 515-826-3206 Filing Due Date for this form Study Area Code of Reporting Carrier 351303 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SWISHER TEL CO Digitally signed by Justyn Miller DN:cn=Justyn **Justyn Miller** Miller,email=justyn@southslope.com,O=swisher tel co,I=North Liberty IA 52317, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Justyn Miller Title or position of Authorized Officer or employee: Chief Executive Officer Telephone number of Authorized Officer or employee: 319-626-2211 Filing Due Date for this form Study Area Code of Reporting Carrier 351304 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

aine K Ubben Assistant Secretary (515) 838-2390 351305	cation of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery 551.917(d) and that, to the best of my knowledge, the reporting carrier on this form any \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support of Mutual Telephone Co. Carrier and that, to the best of my knowledge, the reporting carrier on this form of Mutual Telephone Co. Date		City Come of Control	10000		that the cone of the cone of the
HWW. Date	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$53.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$53.917(f). Stratford Mutual Telephone Co. Jame of Reporting Carrier Stratford Mutual Telephone Co. Elaine K Ubben Phote of authorized officer Assistant Secretary Eleiphone number of authorized officer. (515) 838-2390		10/4/2012	Filing Due Date for this form (mm/dd/vvvv)	351305	Shirty Area Code of Reporting Carrier
ford Mutual Telephone Co. Claux Full Cr Date Elaine K Ubben Assistant Secretary	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Stratford Mutual Telephone Co. Signature of authorized officer Elaine K Ubben Printed name of authorized officer Assistant Secretary Date 9/25/2012				(515) 838-2390	elephone number of authorized officer.
ford Mutual Telephone Co. Clauk Full Cr Date Elaine K Ubben	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Jame of Reporting Camer Stratford Mutual Telephone Co. Signature of authorized officer Carrier Stratford Mutual Telephone Co. Date 9/25/2012				ssistant Secretary	itle or position of authorized officer A
ratford Mutual Telephone Co. Date Date	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Stratford Mutual Telephone Co. Date 9/25/2012				aine K Ubben	rinted name of authorized officer Ela
tame of Reporting Carrier Stratford Mutual Telephone Co.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Stratford Mutual Telephone Co.	9/25/2012	Date	20oven	Elain X	signature of authorized officer
	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			Ö.	Mutual Telephone C	Name of Reporting Carrier Stratforc
	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	n certifies that it has port requested pursuant	g carrier on this forn	o the best of my knowledge, the reportin ry Charge §51.917(e) and is eligible to rec	the reporting carrier and that, to y §51.917(d) and Access Recover	I certify that I am an officer of t
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant		very	CAF/ICC Reco	of-Return Carrier Eligibility for	ation of Officer for Rate-	Certific
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant						
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant						

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SULLY TEL ASSOC Digitally signed by Arie Scholten DN:cn=Arie **Arie Scholten** Scholten,email=sullytel@netins.net,O=sully tel assoc,l=Sully IA 50251, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Arie Scholten Title or position of Authorized Officer or employee: Manager Telephone number of Authorized Officer or employee: 641-594-2905 Filing Due Date for this form Study Area Code of Reporting Carrier 351306 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COUPLETED BY AN OFFICER OF THE PERCHING CANNERS

act of 1934, 47 U.S.C. 99 502,	e Communications A 2, 18 U.S.C. § 1001.	e statements on this form can be punished by fine or forfeiture under the Communications 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §8 SUC. 5 1001.
	10/4/2012	Filting Due Date for this form (mm/dd/yyyy)	Sturby Area Code of Reporting Carrier 351307
			Telephone number of authorized officer: (712) 858-4591
			Title or position of authorized officer President of Board
			Printed name of authorized officer Robert Soat
9/25/2012	Date		Signature of authorized officer Mallell Alexander
			Name of Reporting Carrier Superior Jelephone Co-op
certifies that it has xort requested pursuant	g carrier on this form selve the CAF ICC supp) the best of my knawledge, the reporting ry Charge \$51.917(e) and is eligible to reo	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
ery	· CAF/ICC Recov	of-Return Carrier Eligibility for	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: TEMPLETON TEL CO Digitally signed by Patricia Snyder DN:cn=Patricia **Patricia Snyder** Snyder,email=temptel@netins.net,O=templeton tel co,I=Templeton IA 51463-0077, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Patricia Snyder Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 712-669-3311 Filing Due Date for this form Study Area Code of Reporting Carrier 351308 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: TERRIL TEL. COOP. Digitally signed by Douglas Nelson DN:cn=Douglas **Douglas Nelson** Nelson,email=dnelson@terril.com,O=terril tel. coop.,I=Terril IA 51364-0100, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: **Douglas Nelson** Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 712-853-6121 Filing Due Date for this form Study Area Code of Reporting Carrier 351309 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: TITONKA-BURT Digitally signed by Vicky Nelson DN:cn=Vicky **Vicky Nelson** Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,I= Titonka IA 50480-0321, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Vicky Nelson Title or position of Authorized Officer or employee: Secretary-Treasurer Telephone number of Authorized Officer or employee: 515-928-2110 Filing Due Date for this form Study Area Code of Reporting Carrier 351310 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	g carrier on this fo	opport requested pursuant
vame of Reporting Carrier United Farmers Telephone Company		
Signature of authorized officer famels white	Date	09/24/2012
righted name of authorized officer Roxanne White		
Title or position of authorized officer Executive Vice President		7 m(m)
relephone number of authorized officer: (712) 834-0220		
Study Area Code of Reporting Carrier 351316 Filing Due Date for this form	10/4/2012	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: VAN BUREN TEL CO Digitally signed by Kevin Hranicka DN:cn=Kevin **Kevin Hranicka** Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosaugua IA 52565-0430, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Kevin Hranicka Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 319-293-3187 Filing Due Date for this form Study Area Code of Reporting Carrier 351319 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: VAN HORNE COOP TEL Digitally signed by Kerry Less DN:cn=Kerry **Kerry Less** Less,email=canary@netins.net,O=van horne coop tel,I=Van Horne IA 52346-0096, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Kerry Less Title or position of Authorized Officer or employee: **Buisness Manager** Telephone number of Authorized Officer or employee: 319-228-8791 Filing Due Date for this form Study Area Code of Reporting Carrier 351320 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: VENTURA TEL CO, INC Digitally signed by Thomas Lovell DN:cn=Thomas **Thomas Lovell** Lovell,email=tomlovell@cltel.com,O=ventura tel co, inc,I=Clear Lake IA 50428-0066, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Thomas Lovell Title or position of Authorized Officer or employee: General Manager/Vice President Telephone number of Authorized Officer or employee: 641-357-2111 Filing Due Date for this form Study Area Code of Reporting Carrier 351322 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: VILLISCA FARMERS TEL Digitally signed by Kevin Cabbage DN:cn=Kevin **Kevin Cabbage** Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,I=Stanton IA 51573-0220, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Kevin Cabbage Title or position of Authorized Officer or employee: General Manager/CEO Telephone number of Authorized Officer or employee: 712-829-2111 Filing Due Date for this form Study Area Code of Reporting Carrier 351324 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

From:7127842010 09/26/2012 14:08 #570 P.003/008

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

ons Act of 1934, 47 U.S.C. §§ 502, 01.	e Communication, 18 U.S.C. § 10	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
2	10/4/2012	Study Area Code of Reporting Carrier 377 32 (mm/dd/yyyy)
	***************************************	Telephone number of authorized officer: Hy 7-38, at 24
		Title or position of authorized officer Past (030)
		Printed name of authorized officer Buck to HETADE
26 Sel 2012	Date	Signature of authorized officer
	. T.	Name of Reporting Carrier LUACUC TECCHUME (D) 100
ecovery s form certifies that it has C support requested pursuant	r CAF/ICC Ruge carrier on this serive the CAF (C)	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WEBB-DICKENS TEL Digitally signed by Doug Boone DN:cn=Doug **Doug Boone** Boone,email=dboone@mypremieronline.com,O=webb-dick ens tel,I=Sioux Center IA 51250, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Doug Boone Title or position of Authorized Officer or employee: Chief Executive Officer Telephone number of Authorized Officer or employee: 712-722-3451 Filing Due Date for this form Study Area Code of Reporting Carrier 351327 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WEBSTER-CALHOUN COOP Digitally signed by Daryl Carlson DN:cn=Daryl **Daryl Carlson** Carlson,email=darylc@wccta.com,O=webster-calhoun coop,I=Gowrie IA 50543, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Daryl Carlson** Title or position of Authorized Officer or employee: **Executive Vice President** Telephone number of Authorized Officer or employee: 515-352-3151 Filing Due Date for this form Study Area Code of Reporting Carrier 351328 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WELLMAN COOP TEL Digitally signed by Jayne Hochstedler DN:cn=Jayne **Jayne Hochstedler** Hochstedler,email=wellman@netins.net,O=wellman coop tel,I=Wellman IA 52356-0170, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Jayne Hochstedler Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 319-646-6075 Filing Due Date for this form Study Area Code of Reporting Carrier 351329 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WEST IOWA TEL CO Digitally signed by Robert Gannon DN:cn=Robert **Robert Gannon** Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,I=Remsen IA 51050-0330, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Robert Gannon Title or position of Authorized Officer or employee: Chief Executive Officer Telephone number of Authorized Officer or employee: 712-786-5572 Filing Due Date for this form Study Area Code of Reporting Carrier 351331 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WEST LIBERTY TEL CO Digitally signed by Craig Bieber DN:cn=Craig **Craig Bieber** Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,l= Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Craig Bieber Title or position of Authorized Officer or employee: Controller/Treasurer Telephone number of Authorized Officer or employee: 319-627-2145 Filing Due Date for this form Study Area Code of Reporting Carrier 351332 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Persons wilffulfy making false statement 503(b), or fi	Study Area Code of Reporting Carrier 35	Telephone number of authorized officer: (713) 944-57, 1	Title or position of authorized officer Board President	Printed name of authorized officer Russell Walker	Signature of authorized officer	Name of Reporting Carrier Western lowa Telephone Association	i certify that I am an officer of the report complied with Eligible Recovery §51.917 to §51.917(f).	Certification of
nts on this form can be punished by fir fine or imprisonment under Title 18 of	351334 Filing Due Date (mnridddyyyy)) 944-5711	President	Walker	Fursill Wolker	a Telephone Association	rting carrier and that, to the best of my 7(d) and Access Recovery Charge §51.9:	of Officer for Rate-of-Return C
Persons willfully making felse statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Filing Due Date for this form 10/4/2012				Date		i certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrler Eligibility for CAF/ICC Recovery
Act of 1934, 47 U.S.C. §§ 502,					9/27/12		n certifies that it has port requested pursuant	ч өгу

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WESTSIDE INDEPENDENT Digitally signed by Jane Morlok DN:cn=Jane **Jane Morlok** Morlok,email=jmorlok@win-4-u.com,O=westside independent,I=Breda IA 51436-0190, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Jane Morlok Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 712-673-8101 Filing Due Date for this form Study Area Code of Reporting Carrier 351335 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WILTON TEL CO Digitally signed by Stacie Harris DN:cn=Stacie **Stacie Harris** Harris,email=stacie@wtccommunications.com,O=wilton tel co,I=Wilton IA 52778, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Stacie Harris Title or position of Authorized Officer or employee: Assistant General Manager/CFO Telephone number of Authorized Officer or employee: 563-732-3000 Filing Due Date for this form Study Area Code of Reporting Carrier 351336 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WINNEBAGO COOP-IA Digitally signed by Terry Wegener DN:cn=Terry **Terry Wegener** Wegener,email=terrywegener@wctatel.com,O=winnebago coop-ia,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Terry Wegener Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 641-592-6105 Filing Due Date for this form Study Area Code of Reporting Carrier 351337 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WYOMING MUTUAL TEL Digitally signed by Debra Williams DN:cn=Debra **Debra Williams** Williams,email=wyoming@netins.net,O=wyoming mutual tel,I=Wyoming IA 52362, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Debra Williams Title or position of Authorized Officer or employee: Office Manager Telephone number of Authorized Officer or employee: 563-488-2535 Filing Due Date for this form Study Area Code of Reporting Carrier 351343 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PRAIRIE TEL CO Digitally signed by Jane Morlok DN:cn=Jane **Jane Morlok** Morlok,email=imorlok@win-4-u.com,O=prairie tel co,I=Breda IA 51436-0190, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Jane Morlok Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 712-673-8101 Filing Due Date for this form Study Area Code of Reporting Carrier 351344 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ACE TEL ASSN-IA Digitally signed by Todd Roesler DN:cn=Todd **Todd Roesler** Roesler,email=troesler@acecomgroup.com,O=ace tel assn-ia,I=Houston MN 55943-0360, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: **Todd Roesler** Title or position of Authorized Officer or employee: Chief Executive Officer Telephone number of Authorized Officer or employee: 507-896-6292 Filing Due Date for this form Study Area Code of Reporting Carrier 351346 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ALLIANCE-HILLS IA Digitally signed by Kari Flanagan DN:cn=Kari Kari Flanagan Flanagan,email=karif@alliance.coop,O=alliance-hills ia,I=Garretson SD 57030, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Kari Flanagan Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 605-594-8228 Filing Due Date for this form Study Area Code of Reporting Carrier 351405 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Persons willfully making false statements on ti 503(b), or fine or i		elephone number of authorized officer. (402) 477	Title or position of authorized officer General Man	printed name of authorized officer Gary Neill	Signature of authorized officer	Name of Reporting Carrier Killduff Telephone	I certify that I am an officer of the reporting ca complied with Eligible Recovery §51.917(d) and to §51.917(f).	Certification of Offi
nis form can be pu imprisonment und	07	-1354	hager		1	Co	rrier and that, to th d Access Recovery (cer for Rate-of
nished by fine or forfeiture under the Filte 18 of the United States Code	Filing Due Date for this form (mm/od/yyyy)						ne best of my knowledge, the report Charge §51.917(e) and is eligible to n	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
e Communications , , 18 U.S.C. § 1001.	10/4/2012				Date		ng carrier on this fornceive the CAF ICC sup	r CAF/ICC Reco
Act of 1934, 47 U.S.C. §§ 502,					9/26/12	THE PARTY OF THE P	m certifies that it has sport requested pursuant	very
	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503 b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 351407 Filing Due Date for this form 10/4/2012 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Telephone number of authorized officer: (492) 477-1354. Study Area Code of Reporting Carrier Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Title or position of authorized officer. General Manager Telephone number of authorized officer. (402) 477-1354. Study Area Code of Reporting Carrier Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	Title or position of authorized officer. General Manager Telephone number of authorized officer. (402) 477-1354 Study Area Code of Reporting Carrier Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications. Act of 1934, 47 U.S.C. §§ 502, print of the United States Code, 18 U.S.C. §§ 1001.	Signature of authorized officer Gary Neill Printed name of authorized officer Gary Neill Title or position of authorized officer General Manager Telephone number of authorized officer. (402) 477-1354 Telephone number of authorized officer. (402) 477-1354 Study Area Code of Reporting Carrier Study Area Code of Reporting Carrier Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	Name of Reporting Carrier Killduff Telephone Co Signature of authorized officer Gary Neill Printed name of authorized officer Gary Neill Title or position of authorized officer (402) 477-1354. Telephone number of authorized officer (402) 477-1354. Study Area Code of Reporting Carrier Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAFICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Killduff Telephone Co Signature of authorized officer Gary Neill

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MABEL COOP TEL-IA Digitally signed by Lorren Tingesdal DN:cn=Lorren **Lorren Tingesdal** Tingesdal,email=lorren@mabeltel.coop,O=mabel coop tel-ia,I=Mabel MN 55954-0368, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Lorren Tingesdal Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 507-493-5411 Filing Due Date for this form Study Area Code of Reporting Carrier 351424 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

ct of 1934, 47 U.S.C. §§ 502,	e statements on this form can be punished by fine or forfeiture under the Communications Av 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 8 4001	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	latements on this form can be	Persons willfully making false st
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	351888	Study Area Code of Reporting Carrier
A Company of the Comp	o de la companya del companya de la companya del companya de la co		(660) 748-3231	Telephone number of authorized officer: (660) 748-3231
PATANT	T TANKS	трегорияния	esident	Title or position of authorized officer President
	Transmitted that the same of t	The state of the s	gg Davis/	Printed name of authorized officer Gregg Davis/
9-27-12	Date	Ch.	Dreito Da	Signature of authorized officer 🔏 🗸
III III III III III III III III III II		ne Corporation - IA	ver Mutual Telephor	Name of Reporting Carrier Grand River Mutual Telephone Corporation - IA
certifies that it has ort requested pursuant	g carrier on this form eive the CAF ICC supp	l certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	951.917(d) and Accass Recove	I certify that I am an officer of the compiled with Eligible Recovery to \$51.917(f).
егу	GAF/ICC Recov	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	tion of Officer for Rate	Certifica
Tourist Control of the Control of th	Married States	and the second s		

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WINNEBAGO COOP-T N Digitally signed by Terry Wegener DN:cn=Terry **Terry Wegener** Wegener,email=terrywegener@wctatel.com,O=winnebago coop-mn,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: er yyg Wr nr ar y Title or position of Authorized Officer or employee: Graryl MT I al nry Telephone number of Authorized Officer or employee: 541-692-5106 Filing Due Date for this form Study Area Code of Reporting Carrier 351337 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ACE TEL ASSN-MN Digitally signed by Todd Roesler DN:cn=Todd **Todd Roesler** Roesler,email=troesler@acecomgroup.com,O=ace tel assn-mn,I=Houston MN 55943-0360, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: **Todd Roesler** Title or position of Authorized Officer or employee: Chief Executive Officer Telephone number of Authorized Officer or employee: 507-896-6292 Filing Due Date for this form Study Area Code of Reporting Carrier 361346 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Albany Mutual Telephone Association Signature of authorized officer Steven W. Katka Printed name of authorized officer CEO/General Manager Telephone number of authorized officer. (329) 845-2101 Telephone number of authorized officer. (329) 845-2101 Study Area Code of Reporting Carrier 361347 Filing Due Date for this form 10/4/2012	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1891.	be punished by fine or forfeiture under t	tatements on this form can b	Persons willfully making false s
Rate-of-Return Carrier Eligibility for CAF/ICC Recover that, to the best of my knowledge, the reporting carrier on this form or Recovery Charge §51.917(e) and is eligible to receive the CAF ICC suppose Association Date Date	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	361347	Study Area Code of Reporting Carrier
for Rate-of-Return Carrier Eligibility for CAF/ICC Recove and that, to the best of my knowledge, the reporting carrier on this form on the carrier of the CAF ICC supposes Recovery Charge §51.917(e) and is eligible to receive the CAF ICC supposes an ager Dete			(329) 845-2101	Telephone number of authorized officer:
for Rats-of-Return Carrier Eligibility for CAF/ICC Recovery that, to the best of my knowledge, the reporting carrier on this form costs Recovery Charge §51.917(e) and is eligible to receive the CAF ICC supposione Association Date Date		er	EO/General Manage	Title or position of authorized officer C
Carrier Eligibility for CAF/ICC Recove your control of the reporting carrier on this form of the carrier of the carrier on this form of the carrier			even W. Katka	Printed name of authorized officer Ste
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Albany Mutual Telephone Association			24-76	Signature of authorized officer
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).		Association	Mutual Telephone /	Name of Reporting Carrier Albany
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	ting carrier on this form certifies that it has receive the CAF ICC support requested pursuant	, to the best of my knowledge, the report very Charge §51.917(e) and is eligible to r	y 951.917(d) and Access Reco	complied with Eligible Recover to §51.917(f).
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
	or CAF/ICC Recovery	te-of-Return Carrier Eligibility for	ation of Officer for Rat	Certific

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WILDERNESS VALLEY Digitally signed by Robert Riddell DN:cn=Robert **Robert Riddell** Riddell,email=telenutz@mlecwb.net,O=wilderness valley,l= , Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Robert Riddell Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 218-488-6565 Filing Due Date for this form Study Area Code of Reporting Carrier 361348 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CITY OF BARNESVILLE Digitally signed by Guy Swenson DN:cn=Guy **Guy Swenson** Swenson,email=gswenson@bvillemn.net,O=city of barnesville,I=Barnesville MN 56514, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Guy Swenson Title or position of Authorized Officer or employee: **TEC Manager** Telephone number of Authorized Officer or employee: 218-354-2292 Filing Due Date for this form Study Area Code of Reporting Carrier 361353 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: BENTON COOP TEL CO Digitally signed by Cheryl Scapanski DN:cn=Cheryl **Cheryl Scapanski** Scapanski,email=cscapanski@bctelco.net,O=benton coop tel co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Cheryl Scapanski Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 320-393-2115 Filing Due Date for this form Study Area Code of Reporting Carrier 361356 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	e Communications , 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1881.	ements on this form can be)), or fine or imprisonment (Persons willfully making false stat 503(b
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	361358	Study Area Code of Reporting Carrier
			(507) 526-3252	Telephone number of authorized officer. (
			sident	Title or position of authorized officer President
			am Eckles	Printed name of authorized officer William Eckles
9/26/2012	Date		who co	Signature of authorized officer
		Comapnay	Valley Telephone	Name of Reporting Carrier Blue Earth Valley Telephone Comapnay
m certifies that it has pport requested pursuant	ng carrier on this for ceive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	reporting carrier and that, t 51.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery § to §51.917(f).
overy	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate	Certificati

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CALLAWAY TEL CO Digitally signed by Staci Malikowski DN:cn=Staci Staci Malikowski Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Staci Malikowski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-346-8498 Filing Due Date for this form Study Area Code of Reporting Carrier 361365 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CLARA CITY TEL EXCH Digitally signed by Bruce Hanson DN:cn=Bruce **Bruce Hanson** Hanson,email=bruce@hcinet.net,O=clara city tel exch,l= Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Bruce Hanson Title or position of Authorized Officer or employee: Treasurer Telephone number of Authorized Officer or employee: 320-847-2211 Filing Due Date for this form Study Area Code of Reporting Carrier 361370 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **CLEMENTS TEL CO** Digitally signed by Staci Malikowski DN:cn=Staci Staci Malikowski Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Staci Malikowski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-346-8498 Filing Due Date for this form Study Area Code of Reporting Carrier 361372 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

t of 1934, 47 U.S.C. §§ 502,	e Communications Ac	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ements on this form can be b), or fine or imprisonment u	Persons willfully making false sta 503(
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	361373	Study Area Code of Reporting Carrier
			218) 454-1101	Telephone number of authorized officer: (218) 454-1101
		ger	CEO/General Manager	Title or position of authorized officer
			Kevin T. Larson	Printed name of authorized officer
09/25/2012	Date	Von	um Tilas	Signature of authorized officer
		Company - MN	Consolidated Telephone Company - MN	Name of Reporting Carrier Consc
ort requested pursuant	ceive the CAF ICC suppo	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	51.917(d) and Access Recove	complied with Eligible Recovery § to §51.917(f).
certifies that it has	ng carrier on this form o	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	ereporting carrier and that, to	I certify that I am an officer of the
ery	CAF/ICC Recove	Certification of Officer for Kate-of-Return Carrier Eligibility for CAF/ICC Recovery	ion of Officer for Kate	Certificat

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ARROWHEAD COMM CORP Digitally signed by Bob Weiss DN:cn=Bob **Bob Weiss** Weiss,email=bobw@sleepyeyetel.net,O=arrowhead comm corp,I=New Ulm MN 56073, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Bob Weiss** Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 507-354-2500 Filing Due Date for this form Study Area Code of Reporting Carrier 361374 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **DUNNELL TEL CO** Digitally signed by Kathy Nelson DN:cn=Kathy **Kathy Nelson** Nelson,email=dcndtc@bevcomm.net,O=dunnell tel co,I=Dunnell MN 56127, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Kathy Nelson Title or position of Authorized Officer or employee: Office Manager Telephone number of Authorized Officer or employee: 507-695-2730 Filing Due Date for this form Study Area Code of Reporting Carrier 361381 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: EAGLE VALLEY TEL CO Digitally signed by Bob Weiss DN:cn=Bob **Bob Weiss** Weiss,email=bobw@sleepyeyetel.net,O=eagle valley tel co,I=New Ulm MN 56073, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Bob Weiss** Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 507-354-2500 Filing Due Date for this form Study Area Code of Reporting Carrier 361383 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carrier 361384 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer. (507) 526-3252	Tritle or position of authorized officer President	Printed name of authorized officer William Eckles	Signature of authorized officer Court Processing Signature of Sign	Name of Reporting Carrier Easton Telephone Comapnay	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
				6/2012		fies that it has equested pursuant

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: EAST OTTER TAIL TEL Digitally signed by Staci Malikowski DN:cn=Staci Staci Malikowski Malikowski,email=staci.malikowski@arvig.com,O=east otter tail tel,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Staci Malikowski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-346-8498 Filing Due Date for this form Study Area Code of Reporting Carrier 361385 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Signature of authorized officer William Eckles Tritle or position of authorized officer President Telephone number of authorized officer \$507\) 526-3252. Filling Due Date for this form 10/4/2012		Communication			Darrence willfully making false statements on this form can be numished by fine or forfaiture under the Communications Act of 1934 A7 II S.C. 66 502
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Eckles Telephone Comapnay Signature of authorized officer William Eckles Printed name of authorized officer President Title or position of authorized officer. (507) 526-3252. Telephone number of authorized officer. (507) 526-3252.		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	361386	Study Area Code of Reporting Carrier
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Eckles Telephone Comapnay Signature of authorized officer William Eckles Printed name of authorized officer President Title or position of authorized officer President				507) 526-3252	Telephone number of authorized officer: (
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Eckles Telephone Comapnay Name of Reporting Carrier Eckles Telephone Comapnay 9/26/2012		ŀ		am Eckles	Printed name of authorized officer Willia
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Eckles Telephone Comapnay	9/26/2012	Date		1	
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).					
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	form certifies that it has support requested pursuant	ng carrier on this f	o the best of my knowledge, the reporti ery Charge §51.917(e) and is eligible to re	reporting carrier and that, to 51.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery § to §51.917(f).
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
	covery	r CAF/ICC Re	of-Return Carrier Eligibility fo	on of Officer for Rate	Certificati

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Emily Cooperative Telephone Company Signature of authorized officer Lovell Baker Title or position of authorized officer President Telephone number of authorized officer. (218) 763-3000 Filing Due Date for this form 10/4/2012	Persons willfully making false statements on this form can be purished by ting of forbition and a statement of the control of	2			Persons willfully making false state
rentification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery ficer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form carrier of the reporting carrier on this form carrier of the recovery \$51.917(a) and Access Recovery Charge \$51.917(a) and is eligible to receive the CAF ICC supportance. Lovell Baker Date Date Date		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	361387	Study Area Code of Reporting Carrier
ertification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recover ficer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form ce Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC supporting Cooperative Telephone Company Date Date Date				218) 763-3000	elephone number of authorized officer: (
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery sertify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has \$51.917(f).	9/26/2012	Date	h	118/24	Signature of authorized officer TML
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery surfity that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has is 51.917(f).			Company	perative Telephone	Name of Reporting Carrier Emily Coo
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery errify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has implied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant §51.917(f).					
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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		Descens willfully making false statements on this form can be numished by fine or forfeiture under the Communications Act of 1934 47 U.S.C. 66 502.	tatements on this form can be	Persons willfully making false s
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	361389	Study Area Code of Reporting Carrier
			(329) 568-2105	Telephone number of authorized officer: (329) 568-2105
			EO	Title or position of authorized officer CEO
			vin Beyer	Printed name of authorized officer Kevin Beyer
09/26/2012	Date		March 1	Signature of authorized officer
		ompany	Mutual Telephone C	Name of Reporting Carrier Farmers Mutual Telephone Company
n certifies that it has port requested pursuant	ing carrier on this forn	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	he reporting carrier and that, ty §51.917(d) and Access Recove	I certify that I am an officer of to complied with Eligible Recovery to §51.917(f).
very	or CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	ation of Officer for Rate	Certifica

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Signature of authorized officer Signature of authorized officer Kevin Beyer Title or position of authorized officer: {329} 324-71, bt. Telephone number of authorized officer: {329} 324-71, bt. Filing Due Date for this form 10/4/2012		Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,		and the second s	Darcone willfully making falca eta
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turn Carrier Eligibility for CAF/ICC Recovers of my knowledge, the reporting carrier on this form on the period of the CAF ICC suppose \$51.917(e) and is eligible to receive the CAF ICC suppo				n Beyer	ninted name of authorized officer Kevi
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Federated Telephone Cooperative	09/26/2012	Date		A STATE OF THE PARTY OF THE PAR	Signature of authorized officer
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			ative	Telephone Cooper	Name of Reporting Carrier Federatec
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	very	r CAF/ICC Reco	of-Return Carrier Eligibility fo	ion of Officer for Rate	Certificat

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: FELTON TEL CO. INC. Digitally signed by Bob Weiss DN:cn=Bob **Bob Weiss** Weiss,email=bobw@sleepyeyetel.net,O=felton tel co. inc.,I=New Ulm MN 56073, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Bob Weiss** Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 507-354-2500 Filing Due Date for this form Study Area Code of Reporting Carrier 361391 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	e Communications , 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfelture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.
	10/4/2012	Study Area Code of Reporting Carrier 361395 Filing Due Date for this form (mm/dd/yyyy)
		Telephone number of authorized officer. (218) 687-2400
		Title or position of authorized officer Treasurer
		Printed name of authorized officer Joe Sandberg
9/25/2012	Date	Signature of authorized officer Fae Sandley
		Name of Reporting Carrier Garden Valley Telephone Company
m certifies that it has pport requested pursuant	g carrier on this for ceive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).
очегу	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **GARDONVILLE COOP TEL** Digitally signed by David Wolf DN:cn=David **David Wolf** Wolf,email=dwolf@gctel.net,O=gardonville coop tel,I= , Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: **David Wolf** Title or position of Authorized Officer or employee: **CEO** and General Manager Telephone number of Authorized Officer or employee: 320-524-2211 Filing Due Date for this form Study Area Code of Reporting Carrier 361396 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **GRANADA TEL CO** Digitally signed by Bob Weiss DN:cn=Bob **Bob Weiss** Weiss,email=bobw@sleepyeyetel.net,O=granada tel co,I=New Ulm MN 56073, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Bob Weiss** Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 507-354-2500 Filing Due Date for this form Study Area Code of Reporting Carrier 361399 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HALSTAD TEL CO Digitally signed by Tom Maroney DN:cn=Tom **Tom Maroney** Maroney,email=tmaroney@rrv.net,O=halstad tel co,I=Halstad MN 56548, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Tom Maroney** Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 218-456-2125 Filing Due Date for this form Study Area Code of Reporting Carrier 361401 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

One Cooperative Date 4-7111. Filing Due Date for this form	ted Telephone Cooperative ted Telephone Cooperative evin Beyer (320) 324-7111. 361403 Filing Due Date for this form		70/4/2012	(mm/dd/yyyy)	001.00	Study Area Code of Reporting Carrier (Control (mm/dd/yyyy) 10/4/2012
one Cooperative Date 4-7111	nd Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC suppoone Cooperative Date		4040040	Filing Due Date for this form	361403	
one Cooperative Date	nd Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC suppo one Cooperative				(329) 324-7111	Telephone number of authorized officer.
one Cooperative Date	nd Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC suppo				EO	Title or position of authorized officer C
Date	st of my knowledge, the reporting carrier on this form c ge §51.917(e) and is eligible to receive the CAF ICC suppo				vin Beyer	Printed name of authorized officer Ke
Name of Reporting Carrier Federated Telephone Cooperative	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Federated Telephone Cooperative	09/26/2012	Date)	M	Signature of authorized officer
	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			rative	ed Telephone Cooper	Name of Reporting Carrier Federate

Persons wilffully making false stateme 503(b), o	Study Area Code of Reporting Carrier	Telephone number of authorized officer: (50)	Title or position of authorized officer CEO	Printed name of authorized officer Lorren Tingesdal	Signature of authorized officer &	Name of Reporting Carrier Harmony Telephone Company	Certification I certify that I am an officer of the representation with Eligible Recovery \$51.917(f).
ents on this form can be fine or imprisonment	361404	(507) 886-2525		Tingesdal	en In	ephone Compar	of Officer for Rate orting carrier and that, t
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 502, 503, 503, 503, 503, 503, 503, 503, 503	Filing Due Date for this form (mm/dd/yyyy)				model	ny	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).
he Communications	10/4/2012				Date		or CAF/ICC Rec
Act of 1934, 47 U.S.C. §§ 502,					09/26/2012		OVERY rm certifies that it has apport requested pursuant

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ALLIANCE-HILLS MN Digitally signed by Kari Flanagan DN:cn=Kari Kari Flanagan Flanagan,email=karif@alliance.coop,O=alliance-hills mn,I=Garretson SD 57030, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Kari Flanagan Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 605-594-8228 Filing Due Date for this form Study Area Code of Reporting Carrier 361405 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HOME TEL CO - MN Digitally signed by Staci Malikowski DN:cn=Staci Staci Malikowski Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Staci Malikowski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-346-8498 Filing Due Date for this form Study Area Code of Reporting Carrier 361408 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **HUTCHINSON TEL CO** Digitally signed by Curt Kawlewski DN:cn=Curt **Curt Kawlewski** Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchin son tel co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Curt Kawlewski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 507-233-4172 Filing Due Date for this form Study Area Code of Reporting Carrier 361409 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: JOHNSON TEL CO Digitally signed by Donna Gunderson DN:cn=Donna **Donna Gunderson** Gunderson,email=jtcbusiness@means.net,O=johnson tel co,I=Remer MN 56672, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Donna Gunderson Title or position of Authorized Officer or employee: Corporate Secretary Telephone number of Authorized Officer or employee: 218-566-2302 Filing Due Date for this form Study Area Code of Reporting Carrier 361410 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **KASSON & MANTORVILLE** Digitally signed by Beth Tollefson DN:cn=Beth **Beth Tollefson** Tollefson,email=tollef@kmtel.com,O=kasson & mantorville, I= , Date: 9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Beth Tollefson Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 507-634-2511 Filing Due Date for this form Study Area Code of Reporting Carrier 361412 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: LISMORE COOP TEL CO Digitally signed by Tarri Joens DN:cn=Tarri Tarri Joens Joens,email=info@lismoretele.com,O=lismore coop tel co,I=Lismore MN 56155-0127, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Tarri Joens Title or position of Authorized Officer or employee: Office Manager Telephone number of Authorized Officer or employee: 507-472-8748 Filing Due Date for this form Study Area Code of Reporting Carrier 361419 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: LONSDALE TEL CO Digitally signed by Bonnie Simon DN:cn=Bonnie **Bonnie Simon** Simon,email=lonbonnie@means.net,O=lonsdale tel co,l=Lonsdale MN 55046, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: **Bonnie Simon** Title or position of Authorized Officer or employee: Secretary Telephone number of Authorized Officer or employee: 507-744-2311 Filing Due Date for this form Study Area Code of Reporting Carrier 361422 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 361423 Filing Due Date for this form 1	Telephone number of authorized officer: (320) 986-2013.	Title or position of authorized officer Vice President	Printed name of authorized officer Tory Belgum	Signature of authorized officer To Bek	Name of Reporting Carrier Runestone Telephone Association	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
hed by fine or forfeiture under the Communications A	Filing Due Date for this form 10/4/2012				Date		eturn Carrier Eligibility for CAF/ICC Recovers to the control of t
ct of 1934, 47 U.S.C. §§ 5					09/26/2012		certifies that it has sort requested pursuant

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MABEL COOP TEL - MN Digitally signed by Lorren Tingesdal DN:cn=Lorren **Lorren Tingesdal** Tingesdal,email=lorren@mabeltel.coop,O=mabel coop tel mn,I=Mabel MN 55954-0368, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Lorren Tingesdal Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 507-493-5411 Filing Due Date for this form Study Area Code of Reporting Carrier 361424 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CHRISTENSEN COMM CO Digitally signed by Andy Hennis DN:cn=Andy **Andy Hennis** Hennis,email=andyh@chriscomco.net,O=christensen comm co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Andy Hennis Title or position of Authorized Officer or employee: **Business Manager** Telephone number of Authorized Officer or employee: 507-642-5555 Filing Due Date for this form Study Area Code of Reporting Carrier 361425 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

une of authorized officer Milo Madson I position of authorized officer President r position of authorized officer. (507) 826-32122 Area Code of Reporting Carrier (mm/dd/xyyy) (mm/dd/xyyy)	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	26-3212.	icer Milo officer Pre ed officer.
			ladson	e of authorized officer Milo Ma
9-26-2012	Date	V	le Madron	Signature of authorized officer
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		Θ	r-Hartland Telephone	eporting Carrier Manchester
n certifies that it has port requested pursuant	g carrier on this forn seive the CAF ICC sup	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). [Reporting Carrier Manchester-Hartland Telephone	eporting carrier and that, to the L.917(d) and Access Recovery CHartland Telephone	I certify that I am an officer of the reporting carrier and that, to the complied with Eligible Recovery §51.917(d) and Access Recovery Ch to §51.917(f). Name of Reporting Carrier Manchester-Hartland Telephone

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MELROSE TEL CO Digitally signed by Staci Malikowski DN:cn=Staci Staci Malikowski Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Staci Malikowski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-346-8498 Filing Due Date for this form Study Area Code of Reporting Carrier 361430 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MIDWEST TEL CO Digitally signed by Staci Malikowski DN:cn=Staci Staci Malikowski Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Staci Malikowski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-346-8498 Filing Due Date for this form Study Area Code of Reporting Carrier 361431 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MINNESOTA VALLEY TEL Digitally signed by Danny Busche DN:cn=Danny **Danny Busche** Busche,email=dannyb@means.net,O=minnesota valley tel,I=Franklin MN 55333, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Danny Busche Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 507-557-2275 Filing Due Date for this form Study Area Code of Reporting Carrier 361439 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

r Valley Telecom illiam Eckles President 361440					
Date		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	361440	Study Area Code of Reporting Carrier
elecom				507) 526-3252	Telephone number of authorized officer.
om Date				sident	Title or position of authorized officer Pres
nnon Valley Telecom				m Eckles	Printed name of authorized officer Willia
Name of Reporting Carrier Cannon Valley Telecom	9/26/2012	Date		la	Signature of authorized officer
				alley Telecom	Name of Reporting Carner Cannon Va

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NEW ULM TELECOM, INC Digitally signed by Curt Kawlewski DN:cn=Curt **Curt Kawlewski** Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Curt Kawlewski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 507-233-4172 Filing Due Date for this form Study Area Code of Reporting Carrier 361442 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: LORETEL SYSTEMS, INC Digitally signed by Bob Weiss DN:cn=Bob **Bob Weiss** Weiss,email=bobw@sleepyeyetel.net,O=loretel systems, inc,I=New Ulm MN 56073, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Bob Weiss** Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 507-354-2500 Filing Due Date for this form Study Area Code of Reporting Carrier 361443 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: OSAKIS TEL CO Digitally signed by Staci Malikowski DN:cn=Staci Staci Malikowski Malikowski,email=staci.malikowski@arvig.com,O=osakis tel co,l= , Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Staci Malikowski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-346-8498 Filing Due Date for this form Study Area Code of Reporting Carrier 361448 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PARK REGION MUTUAL Digitally signed by Dave Bickett DN:cn=Dave **Dave Bickett** Bickett,email=dbickett@prtel.com,O=park region mutual,I=Underwood MN 56586-0277, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Dave Bickett** Title or position of Authorized Officer or employee: General Manager/CEO Telephone number of Authorized Officer or employee: 218-826-6161 Filing Due Date for this form Study Area Code of Reporting Carrier 361450 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PAUL BUNYAN RURAL Digitally signed by Dave Schultz DN:cn=Dave **Dave Schultz** Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural,l= , Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: **Dave Schultz** Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-444-1141 Filing Due Date for this form Study Area Code of Reporting Carrier 361451 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PEOPLES TEL CO - MN Digitally signed by Staci Malikowski DN:cn=Staci Staci Malikowski Malikowski,email=staci.malikowski@arvig.com,O=peoples tel co - mn,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Staci Malikowski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-346-8498 Filing Due Date for this form Study Area Code of Reporting Carrier 361453 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PINE ISLAND TEL CO Digitally signed by Bob Weiss DN:cn=Bob **Bob Weiss** Weiss,email=bobw@sleepyeyetel.net,O=pine island tel co,l=New Ulm MN 56073, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Bob Weiss** Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 507-354-2500 Filing Due Date for this form Study Area Code of Reporting Carrier 361454 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: REDWOOD COUNTY TEL Digitally signed by Staci Malikowski DN:cn=Staci Staci Malikowski Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Staci Malikowski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-346-8498 Filing Due Date for this form Study Area Code of Reporting Carrier 361472 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Persons willfully making false stateme	Study Area Code of Reporting Carrier	Telephone number of authorized officer: (320) 986-2013	Title or position of authorized officer Vice President	Printed name of authorized officer Tory Belgum	Signature of authorized officer	Name of Reporting Carrier Runestone Telephone Association	Certification I certify that I am an officer of the repo complied with Eligible Recovery §51.9; to §51.917(f).
nts on this form can b	361475	9) 986-2013	resident	lgum	Bek	elephone Assoc	of Officer for Rate
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	Filing Due Date for this form (mm/dd/yyyy)					iation	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
he Communications	10/4/2012				Date		or CAF/ICC Reco
Act of 1934, 47 U.S.C. §§ 50					09/26/2012		overy rm certifies that it has ipport requested pursuant

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SACRED HEART TEL CO Digitally signed by Bruce Hanson DN:cn=Bruce **Bruce Hanson** Hanson,email=bruce@hcinet.net,O=sacred heart tel co,l= Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Bruce Hanson Title or position of Authorized Officer or employee: Treasurer Telephone number of Authorized Officer or employee: 320-847-2211 Filing Due Date for this form Study Area Code of Reporting Carrier 361476 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SCOTT RICE -INTEGRA Digitally signed by Matthew Fahey DN:cn=Matthew **Matthew Fahey** Fahey,email=Matthew.Fahey@integratelecom.com,O=scott rice -integra,I= , Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Matthew Fahey Title or position of Authorized Officer or employee: Senior Vice President of Finance Telephone number of Authorized Officer or employee: 503-453-8074 Filing Due Date for this form Study Area Code of Reporting Carrier 361479 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SLEEPY EYE TEL CO Digitally signed by Bob Weiss DN:cn=Bob **Bob Weiss** Weiss,email=bobw@sleepyeyetel.net,O=sleepy eye tel co,I=New Ulm MN 56073, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Bob Weiss** Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 507-354-2500 Filing Due Date for this form Study Area Code of Reporting Carrier 361483 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SPRING GROVE COMM. Digitally signed by Craig Otterness DN:cn=Craig **Craig Otterness** Otterness,email=otter9@aol.com,O=spring grove comm., I=Spring Grove MN 55974-0516, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: **Craig Otterness** Title or position of Authorized Officer or employee: GM/CEO Telephone number of Authorized Officer or employee: 507-498-3456 Filing Due Date for this form Study Area Code of Reporting Carrier 361485 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: STARBUCK TEL CO Digitally signed by Bruce Hanson DN:cn=Bruce **Bruce Hanson** Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Bruce Hanson Title or position of Authorized Officer or employee: Treasurer Telephone number of Authorized Officer or employee: 320-847-2211 Filing Due Date for this form Study Area Code of Reporting Carrier 361487 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: TWIN VALLEY-ULEN TEL Digitally signed by Staci Malikowski DN:cn=Staci Staci Malikowski Malikowski,email=staci.malikowski@arvig.com,O=twin valley-ulen tel,I= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Staci Malikowski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 218-346-8498 Filing Due Date for this form Study Area Code of Reporting Carrier 361491 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: UPSALA COOP TEL ASSN Digitally signed by Tony Gebhard DN:cn=Tony **Tony Gebhard** Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,I=Upsala MN 56384, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Tony Gebhard Title or position of Authorized Officer or employee: CEO/General Manager Telephone number of Authorized Officer or employee: 320-573-1390 Filing Due Date for this form Study Area Code of Reporting Carrier 361494 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: VALLEY TEL CO - MN Digitally signed by Dave Bickett DN:cn=Dave **Dave Bickett** Bickett,email=dbickett@prtel.com,O=valley tel co mn,I=Underwood MN 56586-0277, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: **Dave Bickett** Title or position of Authorized Officer or employee: General Manager/CEO Telephone number of Authorized Officer or employee: 218-826-6161 Filing Due Date for this form Study Area Code of Reporting Carrier 361495 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CROSSLAKE TEL CO Digitally signed by Paul Hoge DN:cn=Paul **Paul Hoge** Hoge,email=phoge@crosslake.net,O=crosslake tel co,I=Crosslake MN 56442, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Paul Hoge Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 218-692-2777 Filing Due Date for this form Study Area Code of Reporting Carrier 361499 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NORTHERN TEL CO - MN Digitally signed by Robert Riddell DN:cn=Robert **Robert Riddell** Riddell,email=telenutz@mlecwb.net,O=northern tel co mn,I= , Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Robert Riddell Title or position of Authorized Officer or employee: CEO Telephone number of Authorized Officer or employee: 218-488-6565 Filing Due Date for this form Study Area Code of Reporting Carrier 361500 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 361501 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer: (218) 837-5151	Title or position of authorized officer President	Printed name of authorized officer Bruce Kinnunen	Signature of authorized officer 33/24/12	Name of Reporting Carrier West Central Telephone Assn.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
of 1934, 47 U.S.C. §§ 502,					24/12		lifies that it has requested pursuant

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WESTERN TEL CO Digitally signed by Curt Kawlewski DN:cn=Curt **Curt Kawlewski** Kawlewski,email=curtkawlewski@nu-telecom.net,O=wester n tel co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Curt Kawlewski Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 507-233-4172 Filing Due Date for this form Study Area Code of Reporting Carrier 361502 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

act of 1934, 47 U.S.C. §§ 502,	e Communications A	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	atements on this form can be (b), or fine or imprisonment (Persons willfully making false sta 503/
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	361505	Study Area Code of Reporting Carrier
			(218) 436-212 _{t.}	Telephone number of authorized officer: (218) 436-2121
			e President	Title or position of authorized officer Vice President
		7	Leslie B. Wikstrom	Printed name of authorized officer Lesi
9/27/12	Dale	Colitano	li BL	Signature of authorized officer
			Telephone Co. Inc.	Name of Reporting Carrier Wikstrom Telephone Co. Inc.
n certifies that it has port requested pursuant	ng carrier on this form	l certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	e reporting carrier and that, t §51.917(d) and Access Recove	I certify that I am an officer of th complied with Eligible Recovery to §51.917(f).
very	r CAF/ICC Recov	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	tion of Officer for Rate	Certifical

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WINTHROP TEL CO Digitally signed by Danny Busche DN:cn=Danny **Danny Busche** Busche,email=dannyb@means.net,O=winthrop tel co,I=Franklin MN 55333, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Danny Busche Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 507-557-2275 Filing Due Date for this form Study Area Code of Reporting Carrier 361508 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: WOODSTOCK TEL CO Digitally signed by Ronald Nelson DN:cn=Ronald **Ronald Nelson** Nelson,email=ron.nelson@woodstocktel.net,O=woodstock tel co,I=Ruthton MN 56170, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Ronald Nelson Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 507-658-3830 Filing Due Date for this form Study Area Code of Reporting Carrier 361510 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

C Recovery on this form certifies AF ICC support reques alle 2012 2012 3 1001.	statements on this form can be punish 503(b), or fine or imprisonment under Ti	Study Area Code of Reporting Carrier 361512 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer: (701) 284-722x.	Title or position of authorized officer Executive Vice President	Printed name of authorized officer David L. Dunning	Signature of authorized officer Date	Name of Reporting Carrier Wolverton Telephone Co.	to §51.917(f).	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant		Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **ZUMBROTA TEL CO** Digitally signed by Bruce Hanson DN:cn=Bruce **Bruce Hanson** Hanson,email=bruce@hcinet.net,O=zumbrota tel co,l= Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Bruce Hanson Title or position of Authorized Officer or employee: Treasurer Telephone number of Authorized Officer or employee: 320-847-2211 Filing Due Date for this form Study Area Code of Reporting Carrier 361515 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503 (b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 361654 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer: (605) 874-2183	Title or position of authorized officer President	Printed name of authorized officer Warren Brandlee	Signature of authorized officer (Manus Sundles) Date 9/216/15	Name of Reporting Carrier Interstate Telecommunications Cooperative, Inc.	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
C. §§ 502,					D		want	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ARAPAHOE TEL CO Digitally signed by John Koller DN:cn=John John Koller Koller,email=jkoller@atcjet.net,O=arapahoe tel co,I=Arapahoe NE 68922, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: John Koller Title or position of Authorized Officer or employee: **VP Operations** Telephone number of Authorized Officer or employee: 308-962-7298 Filing Due Date for this form Study Area Code of Reporting Carrier 371516 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carner 5 11 2 1	Telephone number of authorized officer (402) 426-6200	Title or position of authorized officer President	Printed name of authorized officer Geo	Signature of authorized officer	Name of Reporting Carrier Arlington Telephone Company	to §51.917(f).	I certify that I am an officer of the complied with Eligible Recovery	Certifica
talements on this form can be	(402) 426-6200	esident	George Mack	A- WA	Telephone/Compan		he reporting carrier and that, t §51.917(d) and Access Recove	ation of Officer for Rate
(mm/dd/yyyy)	Filino Due Date for this form			an internal	Ty.		I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
10/4/2012				Date			ing carrier on this for eceive the CAF ICC su	or CAF/ICC Rec
				September 26, 2012			rm certifies that it has ipport requested pursuant	overy

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ELSIE COMM., INC. Digitally signed by David Shipley DN:cn=David **David Shipley** Shipley,email=dshipley@ghvalley.net,O=elsie comm., inc.,I=Colorado City CO 81019, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: **David Shipley** Title or position of Authorized Officer or employee: Vice President Telephone number of Authorized Officer or employee: 866-542-6780 Filing Due Date for this form Study Area Code of Reporting Carrier 371518 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carner	271524	Telephone number of authorized officer. (402) 426-6200	Title or position of authorized officer President	Printed name of authorized officer George Wack	Signature of authorized officer A	Name of Reporting Carrier The Blair Telephone Company	I certify that I am an officer of the reporting car complied with Eligible Recovery §51.917(d) and to §51.917(f).	Certification of Offic
[(mm/dd/yyyy)	Filing Due Date for this form	-62QQ			ŕ	e/Company	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51,917(d) and Access Recovery Charge §51,917(e) and is eligible to receive the CAF ICC support requested pursuant to §51,917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
10/4/2012	10010010				Date		ing carrier on this forr eceive the CAF ICC sup	or CAF/ICC Reco
					September 26, 2012		m certifies that it has sport requested pursuant	very

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: THREE RIVER TELCO Digitally signed by David Kalkowski DN:cn=David **David Kalkowski** Kalkowski,email=KalkowskiD@threeriver.net,O=three river telco,I=Lynch NE 68746, Date:10/1/2012 Signature of Authorized Officer or employee: Date: 10/1/2012 Printed name of Authorized Officer or employee: David Kalkowski Title or position of Authorized Officer or employee: Treasurer Telephone number of Authorized Officer or employee: 402-569-3251 Filing Due Date for this form Study Area Code of Reporting Carrier 371525 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CAMBRIDGE TEL CO -NE Digitally signed by J. Shoemaker DN:cn=J. J. Shoemaker Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridg e tel co -ne,I=Cambridge NE 69022, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: J. Shoemaker Title or position of Authorized Officer or employee: V P Regulatory Affairs Telephone number of Authorized Officer or employee: 308-697-3333 Filing Due Date for this form Study Area Code of Reporting Carrier 371526 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CONSOLIDATED TELCO Digitally signed by Wendy Thompson Fast DN:cn=Wendy **Wendy Thompson Fast** Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,I=Lincoln NE 68506-0147, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Wendy Thompson Fast Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 402-489-2728 Filing Due Date for this form Study Area Code of Reporting Carrier 371530 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Clarks Telecommunications Company Signature of authorized officer Adams Adams Adams Signature of authorized officer Adams Adams Signature of authorized officer Signature
l certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Clarks Telecommunications Company Signature of authorized officer David Armstrong Date 9/27/12
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Clarks Telecommunications Company Signature of authorized officer David Armstrong Printed name of authorized officer President Title or position of authorized officer President
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Clarks Telecommunications Company Signature of authorized officer David Armstrong Title or position of authorized officer President Telephone number of authorized officer. (402) 632-4321. Telephone number of authorized officer. (402) 632-4321.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CONSOLIDATED TEL CO Digitally signed by Wendy Thompson Fast DN:cn=Wendy **Wendy Thompson Fast** Thompson Fast,email=wfast@nebnet.net,O=consolidated tel co,I=Lincoln NE 68506-0147, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 940640/10 Printed name of Authorized Officer or employee: Wendy Thompson Fast Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 2/0-289-0708 Filing Due Date for this form Study Area Code of Reporting Carrier 371530 1/4240/10 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: COZAD TEL CO Digitally signed by Marcus Young DN:cn=Marcus **Marcus Young** Young,email=myoung@tc. cozadtel@et,O=cozad tel co,l= Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Marcus Young Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 308-784-4044 Filing Due Date for this form Study Area Code of Reporting Carrier 371534 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **CURTIS TEL CO** Digitally signed by Wendy Thompson Fast DN:cn=Wendy **Wendy Thompson Fast** Thompson Fast,email=wfast@nebnet.net,O=curtis tel co,I=Lincoln NE 68506-0147, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Wendy Thompson Fast Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 402-489-2728 Filing Due Date for this form Study Area Code of Reporting Carrier 371536 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: DALTON TEL CO, INC Digitally signed by David Shipley DN:cn=David **David Shipley** Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,I=Colorado City CO 81019, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: **David Shipley** Title or position of Authorized Officer or employee: Vice President Telephone number of Authorized Officer or employee: 866-542-6779 Filing Due Date for this form Study Area Code of Reporting Carrier 371537 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Diller Telephone Company Signature of authorized officer William P Sandman The or position of authorized officer President Telephone number of authorized officer: (404) 793-5330 Filing Due Date for this form 10/4/2012	0/4/2012	Descens willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934 47 U.S.C. 88 502	tomanto on this form one ha	Persons willfully making false sta
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Diller Telephone Company Signature of authorized officer William P Sandman Title or position of authorized officer: (402) 793-5338. Telephone number of authorized officer: (402) 793-5338.	0/1/00/10		371540	Study Area Code of Reporting Carrier
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Diller Telephone Company Signature of authorized officer William P Sandman Title or position of authorized officer President			(402) 793-5330	Telephone number of authorized officer: (
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Diller Telephone Company Signature of authorized officer William P Sandman Date 09/25/2012			sident	Title or position of authorized officer Pre
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Diller Telephone Company Signature of authorized officer Walkery I Amademy Date 09/25/2012			am P Sandman	Printed name of authorized officer Willia
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Diller Telephone Company		rduon	1	Signature of authorized officer ()
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			phone Company	Name of Reporting Carrier Diller Tele
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	the CAF ICC support requested pursuant	o the best of my knowledge, the reporting car ery Charge §51.917(e) and is eligible to receive	51.917(d) and Access Recove	complied with Eligible Recovery § to §51.917(f).
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
	NF/ICC Recovery	-of-Return Carrier Eligibility for CA	ion of Officer for Rate	Certificat

Study Area Code of Reporting Carrier 37/542 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer (402) 426-6200	Title or position of authorized officer President	Printed name of authorized officer George Mack	Signature of authorized officer	Name of Reporting Carrier Eastern Nebraska, Telephone Company	to §51.917(f).	I certify that I am an officer of th complied with Eligible Recovery	Certifica
371542	(402) 426-6200	esident	orge Mack		Vebraska Telephone		se reporting carrier and that, to §51.917(d) and Access Recoven	tion of Officer for Rate-
Filing Due Date for this form (mm/dd/yyyy)					Company		I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51,91.7(d) and Access Recovery Charge \$51.91.7(e) and is eligible to receive the CAF ICC support requested pursuant	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
10/4/2012				Date			ting carrier on this for receive the CAF ICC su	or CAF/ICC Reco
				September 26, 2012			m certifies that it has port requested pursuant	overy

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **GLENWOOD TEL MEMBER** Digitally signed by Stan Rouse DN:cn=Stan **Stan Rouse** Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member,I=Blue Hill NE 68930-0008, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Stan Rouse Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 402-756-3131 Filing Due Date for this form Study Area Code of Reporting Carrier 371553 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Act of 1004, 47 U.S.C. §§ 502,	o Gommunications , 18 U.S.C. § 1001.	a statoments on this form can be punished by fine or forfalture under the Communication: 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfalture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503, 503, 503, 503, 503, 503, 503, 503
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	ł
			rolophone number of authorized officer; (402) 694-5101
			Title or position of multiprized officer Vice President
TANKA PARAMETERS AND			Printed name of authorized officer John Nelson
9.26.12	Dato		Signature of authorized officer
		npany	Namo of Reporting Carrier Hamilton Telephone Company
rm certifies that it has opport requested pursuant	g carrier on this for eive the CAF ICC sp	nt, to the best of my knowledge, the reporting to yeary Charge §51.917(e) and is eligible to rec	recruly that I am an orticer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Fligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).
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очегу	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for Ra

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HARTINGTON TELECOM Digitally signed by William Dendinger DN:cn=William William Dendinger Dendinger,email=billd@hartel.net,O=hartington telecom,I=Hartington NE 68739-0157, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: William Dendinger Title or position of Authorized Officer or employee: General Manager/CEO Telephone number of Authorized Officer or employee: 402-254-3901 Filing Due Date for this form Study Area Code of Reporting Carrier 371556 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Act of 1934, 47 U.S.C. §§ 502,	e Communications . , 18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	ements on this form can be), or fine or imprisonment u	Persons willfully making false state 503(b)
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	371557	Study Area Code of Reporting Carrier
			308) 423-2000	Telephone number of authorized officer: (308) 423-2000
			President	Title or position of authorized officer Vice President
			y L. Harper	Printed name of authorized officer Kacey L. Harper
09.25.2012	Date		th Hapen up	Signature of authorized officer Racy A Haper UP
		es, Inc.	elephone Exchange	Name of Reporting Carrier Hartman Telephone Exchanges, Inc.
				1 22 1
pport requested pursuant	ceive the CAF ICC sup	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	1.917(d) and Access Recover	complied with Eligible Recovery §5 to §51.917(f).
m certifies that it has	ng carrier on this forr	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	reporting carrier and that, to	I certify that I am an officer of the I
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very	r CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	on of Officer for Rate-	Certification

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HEMINGFORD COOP TEL Digitally signed by Tonya Mayer DN:cn=Tonya **Tonya Mayer** Mayer,email=tonya@bbc.net,O=hemingford coop tel,I=Hemingford NE 69348-0246, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Tonya Mayer Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 308-487-3311 Filing Due Date for this form Study Area Code of Reporting Carrier 371558 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HENDERSON CO-OP TEL Digitally signed by Matt Friesen DN:cn=Matt **Matt Friesen** Friesen,email=mrfriesen@mainstaycomm.net,O=henderson co-op tel,I=Henderson NE 68371, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Matt Friesen Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 402-723-4448 Filing Due Date for this form Study Area Code of Reporting Carrier 371559 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HERSHEY COOP TEL CO Digitally signed by Rex Woolley DN:cn=Rex **Rex Woolley** Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,I=Hershey NE 69143, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: **Rex Woolley** Title or position of Authorized Officer or employee: General Manager & CEO Telephone number of Authorized Officer or employee: 308-368-5561 Filing Due Date for this form Study Area Code of Reporting Carrier 371561 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: CONSOLIDATED TELECOM Digitally signed by Wendy Thompson Fast DN:cn=Wendy **Wendy Thompson Fast** Thompson Fast,email=wfast@nebnet.net,O=consolidated telecom, I=Lincoln NE 68506-0147, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Wendy Thompson Fast Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 402-489-2728 Filing Due Date for this form Study Area Code of Reporting Carrier 371562 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: HOOPER TEL CO Digitally signed by Robert Gannon DN:cn=Robert **Robert Gannon** Gannon,email=bgannon@westelsystems.com,O=hooper tel co,I=Remsen IA 51050-0330, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Robert Gannon Title or position of Authorized Officer or employee: Chief Executive Officer Telephone number of Authorized Officer or employee: 712-786-5572 Filing Due Date for this form Study Area Code of Reporting Carrier 371563 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

act of 1934, 47 U.S.C. §§ 502,	18 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503, 503, 503, 503, 503, 503, 503, 503	ements on this form can b	Persons willfully making false stat
	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	371565	Study Area Code of Reporting Carrier
			403) 482-5220	Telephone number of authorized officer: (402) 4§2-5220
			sident	Title or position of authorized officer President
			nis D. Werner	Printed name of authorized officer Dennis D. Werner
19-25-12	Date 7	belonge	Comi L)	Signature of authorized officer X Z
		Inc.	ephone Company	Name of Reporting Carrier K & M Telephone Company Inc.
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port requested pursuant	zeive the CAF ICC sup	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	51.917(d) and Access Reco	complied with Eligible Recovery 5 to \$51.917(f).
n certifies that it has	ng carrier on this form	certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has	reporting carrier and that,	I certify that I am an officer of the
very	CAF/ICC Reco	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	ion of Officer for Rat	Certificati

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **KEYSTONE-ARTHUR TEL** Digitally signed by Kelly Gies DN:cn=Kelly **Kelly Gies** Gies,email=katcokrg@lakemac.net,O=keystone-arthur tel,I=Keystone NE 69144-0240, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Kelly Gies Title or position of Authorized Officer or employee: Plant Manager/President Telephone number of Authorized Officer or employee: 308-726-2281 Filing Due Date for this form Study Area Code of Reporting Carrier 371567 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NEBRASKA CENTRAL TEL Digitally signed by Nancy McGregor-Jader DN:cn=Nancy Nancy McGregor-Jader McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,I=Gibbon NE 68840-0700, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Nancy McGregor-Jader Title or position of Authorized Officer or employee: Treasurer Telephone number of Authorized Officer or employee: 308-468-6341 Filing Due Date for this form Study Area Code of Reporting Carrier 371574 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Northeast Nebraska Telephone Company Signature of authorized officer David Armstrong Printed name of authorized officer President Title or position of authorized officer. (A02) 632-4321 Telephone number of authorized officer. (A02) 632-4323 Telephone number of authorized officer. (A02) 632-4323 Filing Due Date for this form 10/4/2012 Study Area Code of Reporting Carrier 371576 Filing Due Date for this form 10/4/2012 Filing Due Date for this form 10/4/2012 Filing Due Date of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of 1934, 47 U.S.C. §§ 502, the form of the Communications Act of the U.S.C. §§ 502, the form of the U.S.C. §§ 502, the form of the U.S.C. §§ 502, the form of the U.S.C. §§ 503, the form of the U.S.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **GREAT PLAINS COMMUN** Digitally signed by Wyman Nelson DN:cn=Wyman **Wyman Nelson** Nelson,email=wenelson@gpcom.com,O=great plains commun,I=Blair NE 68008, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Wyman Nelson Title or position of Authorized Officer or employee: Vice President & Chief Legal Counsel Telephone number of Authorized Officer or employee: 402-456-6594 Filing Due Date for this form Study Area Code of Reporting Carrier 371577 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PIERCE TEL CO Digitally signed by Mary Bichlmeier DN:cn=Mary **Mary Bichlmeier** Bichlmeier,email=maryb@piercetelephone.com,O=pierce tel co,I=Pierce NE 68767-0113, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Mary Bichlmeier Title or position of Authorized Officer or employee: Company Accountant Telephone number of Authorized Officer or employee: 402-329-6225 Filing Due Date for this form Study Area Code of Reporting Carrier 371581 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: PLAINVIEW TEL CO Digitally signed by Eric Nye DN:cn=Eric **Eric Nye** Nye,email=nye@uwyo.edu,O=plainview tel co,I=Plainview NE 68769, Date:9/24/2012 Signature of Authorized Officer or employee: Date: 9/24/2012 Printed name of Authorized Officer or employee: Eric Nye Title or position of Authorized Officer or employee: President Telephone number of Authorized Officer or employee: 402-582-4242 Filing Due Date for this form Study Area Code of Reporting Carrier 371582 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502.	Study Area Code of Reporting Carrier 37 / 586 Filing Due Date for this form 10/4/2012	Telephone number of authorized officer: (402) 426-6200	Title or position of authorized officer President	Printed name of authorized officer. George Weck	Signature of authorized officer 3-1 W Date September :	Name of Reporting Carrier Rock County Telephone Company	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
1934, 47 U.S.C. §§ 502,					September 26, 2012		tifies that it has requested pursuant	¥

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SODTOWN TEL CO Digitally signed by Mike Plautz DN:cn=Mike **Mike Plautz** Plautz,email=mplautz@hamilton.net,O=sodtown tel co,l= Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Mike Plautz Title or position of Authorized Officer or employee: Secretary Telephone number of Authorized Officer or employee: 308-467-2310 Filing Due Date for this form Study Area Code of Reporting Carrier 371590 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SE NEBRASKA COMM INC Digitally signed by Ray Joy DN:cn=Ray Ray Joy Joy,email=ray@sentco.net,O=se nebraska comm inc,I= Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Ray Joy Title or position of Authorized Officer or employee: Vice President Telephone number of Authorized Officer or employee: 402-245-4451 Filing Due Date for this form Study Area Code of Reporting Carrier 371591 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

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nts on this form can be punished by fine or forfeiture under the fine or imprisonment under Title 18 of the United States Code,	Communications . 18 U.S.C. § 1001.	Act of 1934, 47 U.S.C. §§ 502,
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Wauneta Telephone Company Signature of authorized officer ACCEY L. Harper Title or position of authorized officer Vice President Telephone number of authorized officer. (308) 423-2000. Filing Due Date for this form 10/4/2012 Study Area Code of Reporting Carrier 371597 Filing Due Date for this form 10/4/2012					
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Wauneta Telephone Company Signature of authorized officer Kacey L. Harper Printed name of authorized officer Vice President Tille or position of authorized officer. (308) 423-2000. Telephone number of authorized officer. (308) 423-2000.		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	371597	Study Area Code of Reporting Carrier
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Wauneta Telephone Company Signature of authorized officer ACCE AN HOLL UP Date 09.25.2012				President	Title or position of authorized officer Vice
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Wauneța Telephone Company Signature of authorized officer ACCE AD Harper VP Date Date O9.25.2012				y L. Harper	Printed name of authorized officer Kace
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	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	372455	Study Area Code of Reporting Carrier
			308) 423-2000	Telephone number of authorized officer: (308) 423-2000
			President	Title or position of authorized officer Vice President
			Kacey L. Harper	Printed name of authorized officer Kace
09.25.2012	Date		there P	Signature of authorized officer Malley Athure
		10.	Telephone Co., In	Name of Reporting Carrier Benkelman Telephone Co., Inc.
m certifies that it has oport requested pursuant	g carrier on this forn	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	reporting carrier and that, to 51.917(d) and Access Recove	I certify that I am an officer of the complied with Eligible Recovery §: to §51.917(f).
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NORTH DAKOTA TEL CO Digitally signed by Shawna Senger DN:cn=Shawna **Shawna Senger** Senger,email=shawnas@ndtel.com,O=north dakota tel co,I=Devils Lake ND 58301, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Shawna Senger Title or position of Authorized Officer or employee: **Chief Financial Officer** Telephone number of Authorized Officer or employee: 701-662-6428 Filing Due Date for this form Study Area Code of Reporting Carrier 381447 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Wolverton Telephone Co. Signature of authorized officer David L. Dunning Printed name of authorized officer Executive Vice President Telephone number of authorized officer: \$\frac{701}{284-7221}\$. Filing Due Date for this form \$\frac{10/4/2012}{10/4/2012}\$.	1031 17 11 CC EC ECO	Bossons willfully making foliog at the form can be muniched by fine or forfeiture under the Communications Act of 1934 47 II S C 88 803			
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Iame of Reporting Carrier Wolverton Telephone Co. Ignature of authorized officer David L. Dunning Executive Vice President elephone number of authorized officer: (701) 284-7221.		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	381509	Study Area Code of Reporting Carrier
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Iamse of Reporting Carrier Wolverton Telephone Co. Ignature of authorized officer Date D				(701) 284-7221	elephone number of authorized officer
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ABSARAKA COOP TEL CO Digitally signed by Ann Faught DN:cn=Ann **Ann Faught** Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co,l= , Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Ann Faught Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 701-896-3404 Filing Due Date for this form Study Area Code of Reporting Carrier 381601 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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	10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	381604	Study Area Code of Reporting Carrier
			1) 475-2361	Telephone number of authorized officer: (701) 475-2361
			lent	Title or position of authorized officer President
			troh	Printed name of authorized officer Brett Stroh
Date 09/26/2012	D	wh	the state of	Signature of authorized officer
		ative	inications Cooper	Name of Reporting Carrier BEK Communications Cooperative
on this form certifies that it has AF ICC support requested pursuant	ing carrier or eceive the CA	l certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	orting carrier and that, to 117(d) and Access Recover	I certify that I am an officer of the rep complied with Eligible Recovery §53.9 to §53.917(f).
C Recovery	or CAF/IC	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	of Officer for Rate-	Certification

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery 1 certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(f) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Consolidated Telcom Signature of authorized officer Brenda Volesky Printed name of authorized officer President Telephone number of authorized officer: (701) 483-4000 Telephone number of authorized officer: (701) 483-4000 Telephone number of authorized officer: (701) 483-4000 Telephone Reporting Carrier 381607 Filing Due Date for this form 10/4/2012	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,	ly making false statements on this form can be pun	Persons willfully
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$53.917(f). Name of Reporting Carrier Consolidated Telcom Signature of authorized officer Brenda Volesky Title or position of authorized officer President Telephone number of authorized officer. (701) 483-4000.			Study Area Code of Rep
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Consolidated Telcom Signature of authorized officer Brenda Volesky Printed name of authorized officer President Title or position of authorized officer President		authorized officer: (701) 483-4000	Telephone number of au
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Consolidated Telcom Reporting Carrier Consolidated Telcom Reporting Carrier Brenda Volesky Date 9/25/2012			Title or position of autho
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Consolidated Telcom	Date		Signature of authorized
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).		Consolidated Telcom	Name of Reporting Carr
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to the capture of the capture of the receive the CAF ICC support requested pursuant to the capture of			Warner of
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	the best of my knowledge, the reporting carrier on this form certifies that it has y Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant	am an officer of the reporting carrier and that, to the Eligible Recovery §51.917(d) and Access Recovery Ct	I certify that I a complied with I
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
	of-Return Carrier Eligibility for CAF/ICC Recovery	Certification of Officer for Rate-of-	

Persons willfully making false stater 503(b),	Study Area Code of Reporting Carrier	Telephone number of authorized officer: (701) 285-3518	Title or position of authorized officer President	Printed name of authorized officer Doug Wede	Signature of authorized officer	Name of Reporting Carrier Dakota Cen	I certify that I am an officer of the recomplied with Eligible Recovery §51 to §51.917(f).	Certificatio
nents on this form o	381610	01) 285-3516	dent	Wede /	6	tral Telecomn	porting carrier and i	n of Officer for
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Tide 18 of the United States Code, 18 U.S.C. § 1001.	Filing Due Date for this form (mm/dd/yyyy)				box.	Name of Reporting Carrier Dakota Central Telecommunications Cooperative/Dakota Central Telecom I, Inc.	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
Communications / 18 U.S.C. § 1001.	10/4/2012				Date	Central Telec	g carrier on this forn elve the CAF ICC sup	CAF/ICC Reco
Act of 1934, 47 U.S.C. §§ 502,	The state of the s			:	912712012	ωm I, Inc.	n certifies that it has port requested pursuant	very

teentry that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is nligible to receive the CALICC support requested pursuant to \$\$1.927(f). Reach of Rescaling Carrier Dickey Rural Telephony Cooperative Signature of Rescaling Carrier Carrier Signature Signature Carrier					
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tentify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with thightle Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is nighble to receive the CALICC support inquested pursuant to \$51.917(f). But of Regionary Carrier Dickey Rural Telephony Cooperative Grando of authorized officer CEO/General Manager	TO THE PARTY CASE AND ADDRESS OF THE		To the description of the second seco	(701) 344-6010	elephone ranster of authorite energies
teerify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with thiglide Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is nligible to receive the CALLICE support inquested pursuant to \$\$1.917(f). See St.	e meneral l'Ambrende et exemplossables consequents préparations de l'étables et l'étables et l'étables et l'éta		ent teach angle (i.e.)	EO/General Manage	This or position of auditorized objects.
teentry that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with thightle Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is nighble to receive the CALLICE support inquested pursuant to \$51.917(l). The of Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is nighble to receive the CALLICE support inquested pursuant to \$51.917(l).				ff T. Wilson	unted region of authorities officer of
teerify that I am an officer of the reporting sarrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with thiglide Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is nligible to receive the CAI ICC support requested pursuant to \$\$1.917(f). The property Charge Carrier Dickey Rural Telephone Cooperative	Set 27, 2012	DAG	A CONTRACTOR AND CONTRACTOR AND A CONTRA	A Company of the Comp	Signature of authorized officer
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	rm certilies that it has apport requested pursuant	ng Carrier on this for	the bast of my knowledge, the reporting thange §\$1.917(e) and is nligible to re	\$51.917(d) and Access Recovery	Econify that I am an officer of the complish with Eligible Recovery to 983,937(I).
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	overy	r CAF/ICC Rec	o⊱Return Carrier Eligibility fo	tion of Officer for Rate-	Certifica

Name of Reporting Carrier Polar Communications Mutual Aid Corp. Signature of authorized officer Printed name of authorized officer David L. Dunning Title or position of authorized officer General Manager/CEO Telephone number of authorized officer. (701) 284-7221 Study Area Code of Reporting Carrier 381614 Filing Due Date for this form 10/4/2012	Name of Reporting Carrier Polar Communications Mutual Aid Corp. Signature of authorized officer David L. Dunning Title or position of authorized officer General Manager/CEO Telephone number of authorized officer. (701) 284-7221. Study Area Code of Reporting Carrier Bigible to receive the CAF ICC support requested pursuant to \$51.917(f). Printed name of authorized officer General Manager/CEO Telephone number of authorized officer. (701) 284-7221. Study Area Code of Reporting Carrier 381614 Filing Due Date for this form 10/4/2012	of-Return Carrier Eligibility for C. the best of my knowledge, the reporting cay Charge §51.917(e) and is eligible to receive Aid Corp. Aid Corp. Filing Due Date for this form		e statements on this form can be punished by fine or forfeiture under the Communications Act o	Persons willfully making false statements on this form can be nunished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,		1115 111 1111
Aid Corp.	Name of Reporting Carrier Polar Communications Mutual Aid Corp. Signature of authorized officer Printed name of authorized officer General Manager/CEO Title or position of authorized officer, (701) 284-7224. Telephone number of authorized officer, (701) 284-7224.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Polar Communications Mutual Aid Corp. Signature of authorized officer David L. Dunning Tille or position of authorized officer General Manager/CEO Telephone number of authorized officer. (701) 284-7224.		10/4/2012	Filing Due Date for this form (mm/dd/yyyy)	381614	Study Area Code of Reporting Carrier
Aid Corp.	complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Polar Communications Mutual Aid Corp. Signature of authorized officer David L. Dunning Printed name of authorized officer General Manager/CEO Title or position of authorized officer General Manager/CEO	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Polar Communications Mutual Aid Corp. Signature of authorized officer David L. Dunning Printed name of authorized officer General Manager/CEO				(701) 284-7221	Telephone number of authorized officer:
Aid Corp.	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Polar Communications Mutual Aid Corp. Signature of authorized officer David L. Dunning Date Printed name of authorized officer David L. Dunning	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier, Polar Communications Mutual Aid Corp. Signature of authorized officer David L. Dunning Date Printed name of authorized officer David L. Dunning				neral Manager/CEC	Title or position of authorized officer Ge
	to \$51.917(f). Name of Reporting Carrier Polar Communications Mutual Aid Corp. Signature of authorized officer Date 9-26-12	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier, Polar Communications Mutual Aid Corp. Signature of authorized officer Date Page 31.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).				id L. Dunning	Printed name of authorized officer Dav
Name of Reporting Carrier Polar Communications Mutual Aid Corp.	to \$51.917(f). Name of Reporting Carrier Polar Communications Mutual Aid Corp.	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Polar Communications Mutual Aid Corp.	4-26-12	Date		V. 155	Signature of authorized officer
	complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			I Aid Corp.	nmunications Mutua	Name of Reporting Carrier Polar Cor
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has			,	r CAF/ICC Recovery	of-Return Carrier Eligibility fo	tion of Officer for Rate	Certifica

Certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier Griggs County Telephone Company
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: INTER-COMMUNITY TEL Digitally signed by Keith Andersen DN:cn=Keith **Keith Andersen** Andersen,email=kander@ictc.com,O=inter-community tel,I=Nome ND 58062-0008, Date:9/25/2012 Signature of Authorized Officer or employee: Date: 9/25/2012 Printed name of Authorized Officer or employee: Keith Andersen Title or position of Authorized Officer or employee: Secretary/Treasurer Telephone number of Authorized Officer or employee: 701-924-8815 Filing Due Date for this form Study Area Code of Reporting Carrier 381616 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MIDSTATE TEL CO Digitally signed by Mark Wilhelmi DN:cn=Mark Mark Wilhelmi Wilhelmi,email=markw@midstatetel.com,O=midstate tel co,I=Stanley ND 58784-0400, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Mark Wilhelmi Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 701-628-2522 Filing Due Date for this form Study Area Code of Reporting Carrier 381617 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC RECOVERY L certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f). Name of Reporting Carrier Moore & Liberty Telephone Company Signature of authorized officer Joyce Brown Title or position of authorized officer: \$201, 437-3300. Telephone number of authorized officer: \$381622 Study Area Code of Reporting Carrier 381622 Filing Due Date for this form Carrier Communications Act of 1934, 47 U.S.C. §§ 502, Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502,
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NORTHWEST COMM COOP Digitally signed by Mike Steffan DN:cn=Mike Mike Steffan Steffan,email=mikes@nccray.com,O=northwest comm coop,I=Ray ND 58849-0038, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Mike Steffan Title or position of Authorized Officer or employee: Interim General Manager/CEO Telephone number of Authorized Officer or employee: 701-568-3331 Filing Due Date for this form Study Area Code of Reporting Carrier 381625 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Study Area Code of Reporting Carrier 381630 Filling Due Date for this form (mm/dd/yyyy) 10/4/2012 10/4/201	Title or position of authorized officer. General Manager/CEO Telephone number of authorized officer: (701) 284-7231.	Signature of authorized officer David L. Dunning	Name of Reporting Carrier Polar Communications Mutual Aid Corp.	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery
4, 47 U.S.C. §§ 502,		4-26-12		that it has ested pursuant	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: RED RIVER RURAL TEL Digitally signed by Jeffrey Olson DN:cn=Jeffrey **Jeffrey Olson** Olson,email=jeffolson@rrt.net,O=red river rural tel,I=Abercrombie ND 58001, Date:9/27/2012 Signature of Authorized Officer or employee: Date: 9/27/2012 Printed name of Authorized Officer or employee: Jeffrey Olson Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 701-553-8309 Filing Due Date for this form Study Area Code of Reporting Carrier 381631 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502, 503(b), or fine or imprisonment under Tile 18 of the United States Code, 18 U.S.C. § 1001.	Study Area Code of Reporting Carrier 381632 Filling Due Date for this form	Telephone number of authorized officer: (701) 862-3115	Title or position of authorized officer CEO/GM	Printed name of authorized officer, ROYCE S ASLAKSON	Signature of authorized officer Royce 1. Cella My	Name of Reporting Carrier RESERVATION TELEPHONE COOPERATIVE	Certification of Officer for Rate-of-Return Carrier Enginity for CAPACC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has compiled with Engible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is aligible to receive the CAF ICC support requested pursuant to \$51.917(f).	
Gommunications	10/4/2012				Dale		CAPTICC REG	
6 Act of 1934, 47 U.S.C. §§ 602,					9-25-12		overy upport requested pursuant	

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: UNITED TEL MUTUAL Digitally signed by Perry Oster DN:cn=Perry **Perry Oster** Oster,email=poster@utma.com,O=united tel mutual,I=Langdon ND 58249-0729, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Perry Oster Title or position of Authorized Officer or employee: General Manager/CEO Telephone number of Authorized Officer or employee: 701-256-5156 Filing Due Date for this form Study Area Code of Reporting Carrier 381636 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: W. RIVER TELECOM. Digitally signed by Bonnie Krause DN:cn=Bonnie **Bonnie Krause** Krause,email=bonniek@westriv.com,O=w. river telecom.,I=Hazen ND 58545-0467, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Bonnie Krause Title or position of Authorized Officer or employee: CEO/GM Telephone number of Authorized Officer or employee: 701-748-4221 Filing Due Date for this form Study Area Code of Reporting Carrier 381637 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: MIDSTATE COMM. Digitally signed by Mark Wilhelmi DN:cn=Mark Mark Wilhelmi Wilhelmi,email=markw@midstatetel.com,O=midstate comm.,I=Stanley ND 58784-0400, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Mark Wilhelmi Title or position of Authorized Officer or employee: General Manager Telephone number of Authorized Officer or employee: 701-628-2522 Filing Due Date for this form Study Area Code of Reporting Carrier 381638 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: NEMONT TEL COOP - ND Digitally signed by Remi Sun DN:cn=Remi Remi Sun Sun,email=remi.sun@nemont.coop,O=nemont tel coop nd,I=Scobey MT 59263-0600, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Remi Sun Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 406-783-2358 Filing Due Date for this form Study Area Code of Reporting Carrier 382247 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: SRT COMMUNICATIONS Digitally signed by Steve Lysne DN:cn=Steve **Steve Lysne** Lysne,email=stevedl@srttel.com,O=srt communications,I=Minot ND 58702-2027, Date:9/28/2012 Signature of Authorized Officer or employee: Date: 9/28/2012 Printed name of Authorized Officer or employee: Steve Lysne Title or position of Authorized Officer or employee: General Manager/CEO Telephone number of Authorized Officer or employee: 701-858-5246 Filing Due Date for this form Study Area Code of Reporting Carrier 383303 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: ALLIANCE-HILLS SD Digitally signed by Kari Flanagan DN:cn=Kari Kari Flanagan Flanagan,email=karif@alliance.coop,O=alliance-hills sd,I=Garretson SD 57030, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Kari Flanagan Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 605-594-8228 Filing Due Date for this form Study Area Code of Reporting Carrier 391405 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **GOLDEN WEST-ARMOUR** Digitally signed by Dennis Law DN:cn=Dennis **Dennis Law** Law,email=dennylaw@goldenwest.com,O=golden west-armour,I=Wall SD 57790-0411, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Dennis Law Title or position of Authorized Officer or employee: General Manager/CEO Telephone number of Authorized Officer or employee: 605-279-2161 Filing Due Date for this form Study Area Code of Reporting Carrier 391640 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f). Name of Reporting Carrier: **ALLIANCE-BALTIC** Digitally signed by Kari Flanagan DN:cn=Kari Kari Flanagan Flanagan,email=karif@alliance.coop,O=alliance-baltic,I=Gar retson SD 57030, Date:9/26/2012 Signature of Authorized Officer or employee: Date: 9/26/2012 Printed name of Authorized Officer or employee: Kari Flanagan Title or position of Authorized Officer or employee: CFO Telephone number of Authorized Officer or employee: 605-594-8228 Filing Due Date for this form Study Area Code of Reporting Carrier 391642 10/4/2012 (mm/dd/yyyy) Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.